

Request for Tax Clearance Certificate — Exempt Organizations

CALIFORNIA FORM

3555A

CORPORATION NAME		CALIFORNIA CORPORATION NUMBER	
CURRENT ADDRESS	PHONE NUMBER ()	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
Date operations commenced in California:	Date operations ceased or will cease in California:	Latest income period for which a California return has been filed:	Date filed:

The Franchise Tax Board will issue a Tax Clearance Certificate when all taxes have been paid or secured. If a final return has not been filed, one should be filed. All returns remain subject to audit until expiration of the normal statutes of limitation.

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the corporation's income tax liability or issued a ruling as to federal income tax exemption for any prior years that you have not previously reported to us? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please furnish a copy of the Revenue Agent's Report.</i>	Is the IRS or the FTB currently examining the corporation or has the corporation been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the years involved:</i> Current Examination: _____ Pending Examination: _____
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Supplemental Information. Please furnish the following information if the business conducted in California will be continued by another corporation after the merger of the original corporation.

NAME OF TRANSFEREE	CALIFORNIA CORPORATION NUMBER OF TRANSFEREE
	FEDERAL EMPLOYER IDENTIFICATION NUMBER
DATE ASSETS TRANSFERRED TO TRANSFEREE	Section of the Internal Revenue Code applicable to the Transfer of Taxpayer's Business or assets: _____

If the Tax Clearance Certificate is to be mailed to someone other than the corporation listed above, please complete the following: *(A copy of the Tax Clearance Certificate will be sent to the Secretary of State.)*

NAME	
ADDRESS	
	PHONE NUMBER ()

Mail completed form to:

**DOCUMENT FILING SUPPORT UNIT
SECRETARY OF STATE – BUSINESS FILINGS
1500 11TH STREET
SACRAMENTO CA 95814**

For more information concerning this form, telephone the Franchise Tax Board (916) 845-4171.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.